Board of Certification of Operating Personnel in Wastewater Treatment Plants STATE OF HAWAII

Mail or Fax to:	Do Not Write in This Space – Office Use Only			
Board of Certification of Operating Personnel in Wastewater Treatment Facilities Department of Health, State of Hawaii 1350 Sand Island Parkway, Building 3A Honolulu, Hawaii 96819 Phone (808) 832-5478 Fax (808) 832-3496	Date Received:			
	Date Approved:			
	Date Denied/Reason:			
	Comments:			
<u> </u>	Date Recorded:			
DRC Noti	fication Form			
This is to advise you that I				
This is to advise you that I,Your	· Name G	, rade	License #	
have accepted the primary DRC position for	or the Wastewater T	reatment P	lant listed below.	
DRC Signature		Date	Date	
Wastewater Treatment Plant In	nformation (Must F	Re Complete	d)	
	,	*	<u>u,</u>	
Name:				
Street Address:				
City: State:	Zip Code: _			
WWTP Classification: [] 1	[]2 []3	[]4		
Previous DRC:				
Plant Owner/Authorized Signature		Date		
	gnature	D	ate	